

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043732

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 270

Primary Registration District No.

Registrar's No. 139

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 4 1962

1. PLACE OF DEATH

a. COUNTY PULASKI

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN FT. LEONARD WOOD

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION US ARMY HOSPITALInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY PULASKI

c. CITY
OR
TOWN WAYNESVILLEInside Limits
Yes ☐ No ☐d. STREET
ADDRESS
OAKWOOD TRAILER COURTReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First STEVEN

Middle

Last PATRICK

4. DATE
OF
DEATH

Month November Day 27 Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8 Nov 61

9. AGE (last birthday)

1

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Taylorville, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Melvin Patrick

13b. MOTHER'S MAIDEN NAME

Sandra Anderson

14. NAME OF HUSBAND OR WIFE

Oakwood Trailer Court
Waynesville, Missouri15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Melvin Patrick

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral anoxia

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Strangulation

DUE TO (c)

Aspiration of Gastric Content

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (e)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☒☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Slid out of highchair hanging himself

20c. TIME OF
INJURYHour
a.m.
p.m.Month, Day, Year
Nov 27 6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)
Home

20f. CITY, TOWN, OR LOCATION

Waynesville

Pulaski

Missouri

21. I attended the deceased from 27 Nov 62 to 27 Nov 62 and last saw him alive on Never
Death occurred at dead on arrival 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

David G. Anderson, Capt MC

22b. ADDRESS US Army Hospital

Fort Leonard Wood, Missouri

22c. DATE SIGNED

27 Nov 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

11-28-1962

23c. NAME OF CEMETERY OR CREMATORY

Edinburg Cemetery

23d. LOCATION (City, town, or county)

Edinburg

(State)

Illinois

24. FUNERAL DIRECTOR

C. F. Moore

25. DATE RECD. BY LOCAL REG.

11-28-62

26. REGISTRAR'S SIGNATURE

Paula Mae Anderson

Mass-William's Waynesville, Mo

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 17 1962
DEC 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence F. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, MO

⁺ Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.